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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/445,517	12/06/1999	BRADFORD J DUFT	235/013US	1018

44638 7590 02/24/2010  
Intellectual Property Department  
Amylin Pharmaceuticals, Inc.  
9360 Towne Centre Drive  
San Diego, CA 92121

EXAMINER
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DEVI, SARVAMANGALA J N

ART UNIT	PAPER NUMBER
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1645

MAIL DATE	DELIVERY MODE
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02/24/2010

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

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Board of Patent Appeals and Interferences

INTELLECTUAL PROPERTY  
DEPARTMENT  
AMYLIN PHARMACEUTICALS, INC.  
9360 TOWNE CENTRE DRIVE  
SAN DIEGO, CA 92121

Appeal No: 2009-010326  
Appellant: BRADFORD J DUFT, ORVILLE G  
Application No: KOLTERMAN et al.  
Hearing Room: 09/445,517  
Hearing Docket: B  
Hearing Date: A  
Hearing Time: Wednesday, April 21, 2010  
Location: 09:00 AM  
Madison Building - East Wing  
600 Dulany Street, 9th Floor  
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING  
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquiries, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: ( ) HEARING ATTENDANCE CONFIRMED ( ) HEARING ATTENDANCE WAIVED

\_\_\_\_\_  
Signature of Attorney/Agent/Appellant

\_\_\_\_\_  
Date

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Registration No.

Names of other visitors expected to accompany counsel: \_\_\_\_\_

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